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IF REQUIRED, FOREIGN FILING LICENSE

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	GERMANY	10	22	<i>82</i>
Verified and Acknowledged	<i>James Christie JPD</i> Examiner's Signature <i>JPD</i> Initials				

ADDRESS

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TITLE

Method and apparatus for data transmission between an electromedical implant and an external apparatus

FILING FEE RECEIVED 1218	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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